

BEST AVAILABLE COPY

CLAIMS ONLY								Application Number 09/538030		Filing Date			
								Applicant(s)					
								* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1							51						
2							52						
3							53						
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11	1						61						
12		1					62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	9						Total Depend						
Total Claims	12						Total Claims						